PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003											13888 CWF		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE		OF		R THAN L ENTITY	<u>ح</u>
1	TOTAL CLAIM	IS				•]	RATE	FEE	٦Ϋ́	RATE		_
FOR			NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.00		BASIC FE	+	,
Ī	OTAL CHARG	EABLE CLAIMS	图数:	minus 20=				XS 9=	1	OR	-	1	7
INDEPENDENT CLAIMS				minus 3 =		A		X43*	╁┷	┪゙.	-	╂┯╤	4
M	ULTIPLE DEP	ENDENT CLAIM		RESENT					┨	-IOR		┼	4
۱۰	* If the difference in column 1 is less than zero, enter "0" in column 2									OR	+290=		
CLAIMS AS AMENDED - PART II						· ·		TOTAL	<u>.</u>	OR	TOTAL	1118	_
	`	(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	. S OR		R THAN ENTITY	ı
AMENDMENTA	1/25/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	- 49	Minus	-51	>	• /		X\$ 9=		OR	X\$18=		1
	Independent	· 8	Minus .	1-8	•	7		X43=		OR	X86=		1
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	 	1
							L	TOTAL	<u> </u>		TOTAL		ł
	(Column 1) (Column 2) (Column 3)							DDIT. FEE	<u> </u>	JO.,	addit. Fee		1
AMENDMENT B	8/20/07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	1.20	Minus	-50	<u>) </u>	• _		X\$ 9≓		OR	X\$18=		l
A A	Independent • Minus FIRST PRESENTATION OF MULTIPLE		Minus	- 8		- (Γ	X43= ·	·	OR	X86=		1
				+145=	/	OR	+290=						
							AO	TOTAL OUT. FEE		QЯ "	TOTAL ODIT, FEE		l
		(Column 1)		(Column		(Column 3)	••	•		•	•	• .	
AMENDMEN C		REMAINING AFTER AMENDMENT		MIGHES NUMBE PREVIOUS PAID FO	A SLY	. PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	ŀ
	Total	•	Minus	••		=		X\$ 9=	7	OR	X\$18=		
	Independent	•	Minus	***		۰,		X43=			X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash	145=		OR			
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3, If the "Righest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."									DR L	+290=	·	
11	the "Highest Nur the "Highest Nur	nber Previously Pe nber Previously Pa	id For IN THE Id For IN THE	S SPACE is to S SPACE is to	es than	20, enter "20."		TOTAL OT, FEE			TOTAL DOTT. FEE		
TÌ	ne Triighest Nium	ber Previously Paid	For" (Total or	Independent	is the f	ighest number t	brund	in the appr	opriate box	in calur	nn 1.		

Application or Docket Number